

**Prisons &
Probation**

Ombudsman
Independent Investigations

Independent investigation into the death of Mr Michael Pracy, a prisoner at HMP Channings Wood, on 29 April 2020

A report by the Prisons and Probation Ombudsman

Our Vision

To carry out independent investigations to make custody and community supervision safer and fairer.

Our Values

We are:

Impartial: *we do not take sides*

Respectful: *we are considerate and courteous*

Inclusive: *we value diversity*

Dedicated: *we are determined and focused*

Fair: *we are honest and act with integrity*



© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out **independent** investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.
2. My office carries out investigations to understand what happened and identify how the organisations whose actions we oversee can improve their work in the future.
3. Mr Michael Pracy died in hospital of multi-organ failure caused by COVID-19 on 29 April 2020, while a prisoner at HMP Channings Wood. He was 75 years old. I offer my condolences to Mr Pracy's family and friends.
4. The clinical reviewer concluded that the clinical care Mr Pracy received at Channings Wood was equivalent to that which he could have expected to receive in the community. However, he made three recommendations, which we have combined into a single recommendation in this report.
5. We found no non-clinical issues of concern.

Recommendations

- The Head of Healthcare should ensure that staff make full and accurate entries in the prisoner's medical record, including full details of the clinical observations taken.

The Investigation Process

6. NHS England commissioned an independent clinical reviewer to review Mr Pracy's clinical care at the prison.
7. The PPO investigator has investigated non-clinical issues, including the prison response to COVID-19 and shielding prisoners, the security arrangements for Mr Pracy's hospital escorts and liaison with his next of kin. The investigator interviewed one member of staff about the use of restraints on Mr Pracy.
8. One of the Ombudsman's family liaison officers contacted Mr Pracy's wife to explain the investigation and to ask if she had any matters she wanted the investigation to consider. She did not raise any issues. We provided Mr Pracy's wife with a copy of this report.
9. This version of my report, published on my website, has been amended to remove the names of staff and prisoners involved in my investigation.

Background Information

HMP Channings Wood

10. HMP Channings Wood is a medium security prison near Newton Abbot in Devon. It holds over 700 men. Care UK provides health services at the prison. There is one permanent GP, with locum GPs running additional clinics. Nurses are on duty between 7.30am and 7.30pm Monday to Wednesday and 7.30am and 5.30pm Thursday to Sunday. There is an out of hours GP service.

Previous deaths at HMP Channings Wood

11. Mr Pracy was the sixth prisoner at Channings Wood to die since April 2018. Of the previous deaths, one was from natural causes, two were self-inflicted, and two were drug related. There have been two deaths since, one due to COVID-19 and one self-inflicted.

COVID-19 (coronavirus)

12. COVID-19 is an infectious disease that affects the lungs and airways. It is mainly spread through droplets when an infected person coughs, or sneezes. The first reported case of COVID-19 in the UK was in February 2020. On 11 March, the World Health Organisation (WHO) declared COVID-19 as a worldwide pandemic.
13. COVID-19 can make anyone seriously ill, but the risk is higher for some people. There are two levels of higher risk: high-risk (clinically extremely vulnerable); and moderate risk (clinically vulnerable). People at high risk include those who have had an organ transplant; have a severe lung condition; or are having certain types of treatment for cancer; or have a condition with a very high risk of getting infections. Those at moderate risk include people over 70; people with a lung condition; or a chronic medical condition, such as diabetes, heart, liver, lung, or chronic kidney disease; or those who are very obese (this list is not exhaustive).
14. To reduce the spread of the virus, the Government introduced voluntary and mandatory actions, such as 'social distancing' and 'lockdown' (on 16 and 23 March, respectively). Public Health England (PHE), HM Prison & Probation Service (HMPPS) and NHS England worked together to devise measures to contain the outbreak, achieve social distancing, reduce the risk to the most vulnerable in prisons in England and protect the NHS (by reducing the number of people requiring specialist care in community-based hospitals).
15. On 13 March, the National Health and Justice team issued an interim notice providing advice on preventing and controlling outbreaks of COVID-19 in prisons. HMPPS issued further instructions over the following weeks with guidance on the appropriate use of personal protective equipment (PPE), hygiene, cleaning schedules and stock checks. The guidance outlined the importance of effective preventative measures and that methodical cleaning would help prevent infection spread. On 24 March, HMPPS issued an instruction, in line with Government advice, to all prisons to introduce social distancing and to implement a restricted regime and supported enforcement of social distancing of two metres for staff

and prisoners wherever possible. The most vulnerable prisoners were identified and put into protective isolation.

16. On 31 March HMPPS, in consultation with Public Health England (PHE), issued an order to significantly reduce transfers between prisons and other measures were implemented. These measures were designed to be implemented at local level, depending on the needs of each individual establishment and known as 'compartmentalisation' which included:
- Protective Isolation Units (PIUs): to accommodate known or probable COVID-19 cases, ideally in single-cell accommodation.
 - Shielding Units (SUs): to protect the most vulnerable identified through collaboration with NHS England, with enhanced levels of bio-security including dedicated staff;
 - Reverse Cohorting Units (RCUs): to accommodate new receptions or transfers in for a period of 14 days to detect any emergent infectious cases before entering general population. These units could also accommodate any one returning from hospital.

Key Events

17. On 16 November 2018, Mr Michael Pracy was remanded in custody, charged with sexual offences, and sent to HMP Winchester. On 3 April 2019, he was sentenced to three and a half years' imprisonment. On 9 April, he was moved to HMP Channings Wood.
18. Mr Pracy had type 2 diabetes and heart disease. He was prescribed appropriate medication, though he sometimes refused to take it.
19. On 18 March 2020, Mr Pracy told staff he felt unwell and had developed a cough. A nurse took his medical observations and recorded a normal temperature and an oxygen saturation level of 78%. (The normal range is 95-100%. The clinical reviewer noted that 78% was grossly abnormal and thought that it was possible the nurse had recorded it incorrectly.) The nurse made no reference to COVID-19 in her notes.
20. On 14 April, staff noted in Mr Pracy's medical record that he had a chesty cough, that he might have a chest infection and should be reviewed in 24 hours. No observations were recorded so it is unclear whether Mr Pracy had a face to face assessment.
21. On 16 April, Mr Pracy complained of diarrhoea, a cough, and a sore throat. The entry in his medical record does not mention whether any observations were taken so it is unclear whether he had a face to face assessment. Staff isolated Mr Pracy (a standard response to a prisoner with diarrhoea). During a welfare check on 18 April, Mr Pracy said that he was still suffering from diarrhoea. That day, the prisoner in the neighbouring cell developed symptoms of COVID-19. Staff therefore decided to treat Mr Pracy as showing symptoms of COVID-19 and moved him to the Protective Isolation Unit.
22. On the evening of 20 April, a nurse assessed Mr Pracy as he had become short of breath. She found his oxygen saturation level was low and asked for an ambulance to be called as she suspected Mr Pracy had COVID-19. The call was made at 6.52pm.
23. Mr Pracy was taken to Torbay Hospital where he was admitted. He was accompanied by two prison officers and restrained using an escort chain (a long chain with a handcuff at each end, one of which is attached to the prisoner and the other to a prison officer).
24. On 21 April, hospital staff put Mr Pracy onto a non-invasive ventilator. Prison staff reassessed his risk and removed the escort chain. He was tested for COVID-19, and the results were positive. Mr Pracy's health deteriorated and he died at 5.40am on 29 April.
25. The coroner accepted the cause of death provided by a hospital doctor and no post-mortem examination was carried out. The doctor gave Mr Pracy's cause of death as multi-organ failure caused by COVID-19 pneumonia. The doctor listed ischaemic heart disease and type 2 diabetes as contributory factors.

Findings

Clinical Findings

26. The clinical reviewer considered that the standard of care Mr Pracy received at Channings Wood was equivalent to that which he could have expected to receive in the community. He found that prison healthcare staff appropriately managed Mr Pracy's long-term health conditions and when he became ill with suspected COVID-19, they took prompt and appropriate action.
27. However, the clinical reviewer had some concerns about the quality of entries made in Mr Pracy's medical record. On 18 March, a nurse recorded that Mr Pracy's oxygen saturation level was 78%. The clinical reviewer noted that this was a grossly abnormal result that would be expected to result in urgent action. There is no record that any action was taken so the clinical reviewer thought it possible that the nurse had recorded the result incorrectly. The clinical reviewer also noted that the nurse made no reference to COVID-19, despite Mr Pracy having reported a cough and it being known at that time that a cough was a potential symptom of COVID-19. The clinical reviewer said it was of concern that given Mr Pracy was 75 and reporting a cough, the nurse did not record consideration of COVID-19 in their medical record entry.
28. The clinical reviewer also noted that the entries made on 14 and 16 April, did not record any observations and so it is unclear whether face to face assessments were carried out. We recommend:

The Head of Healthcare should ensure that staff make full and accurate entries in the prisoner's medical record, including full details of the clinical observations taken.

Management of Mr Pracy's risk of catching Covid-19

29. On 7 April, healthcare staff reviewed Mr Pracy's notes seemingly as part of a COVID-19 strategy to identify those most at risk. The clinical reviewer noted that they recorded Mr Pracy as a 'Respiratory Patient' inaccurately, when his main risk factors would have been his diabetes, heart disease, age and gender. However, Mr Pracy would not have met the threshold for shielding according to Government guidance. The clinical reviewer was satisfied that Channings Wood had followed Government guidance.

**Sue McAllister CB
Prisons and Probation Ombudsman**

November 2020

**Prisons &
Probation**

Ombudsman
Independent Investigations